

Release of Vital Statistics Data

Annual vital statistics reports are published and posted on the Vermont Department of Health website, generally within sixteen (16) months from the end of the calendar year (e.g., calendar year 2015 would be published May 2017). These annual reports cover the following topics: births, deaths, marriages, divorces, and fetal deaths. The reports are required by Vermont statute and mirror the national vital statistics reports published by the National Center for Health Statistics (NCHS) at CDC. The NCHS annual reports are published on a similar timetable – approximately 16 to 18 months after the end of the calendar year.

The most utilized and requested data within the annual reports are the birth data. The data includes all Vermont occurrences (meaning, all births that occurred within Vermont) and births to Vermont residents which occurred while outside the state (e.g., vacation/travel; transferred to hospital in neighboring state; etc.). In order to calculate birth rates (or any birth statistics), we need to have complete records of all Vermont resident births, including those that occurred outside Vermont. Additionally, the calculation of rates requires accurate population estimates for that year¹.

The release of Vermont data (whether births, deaths or other vital statistics) is reliant on receipt of Vermont resident events from the other states. In general, we receive copies of the records within three (3) months of the event. However, some states require 3 – 6 months due to their own statutes, staffing resources, or data quality review. It is not unusual for us to still be receiving copies of Vermont resident death records at a year or more after their death.

Vital statistics release schedule:

	Estimated Availability	Example	Limitations
Preliminary Counts	6 months after end of calendar year	2015 → July 1 st , 2016	1) Missing 5%-10% of births 2) Data quality review has not occurred (data errors)
Preliminary Rates	12 months after end of calendar year	2015 → January 1 st , 2017	1) Would be using the prior year's population estimates (not fully accurate for some age groups and smaller geographies)
Final Counts / Rates	16 months after end of the calendar year	2015 → May 1 st , 2017	

¹ In addition to conducting a national census count every ten years, the U.S. Census Bureau produces annual population estimates. These estimates include town population totals, and estimates by age (5 year age groups) and gender at the county level. In cooperation with the National Center for Health Statistics (NCHS), The Vermont Department of Health produces estimates by single year of age and gender and uses these annual estimates to produce county and town estimates.

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The Health Department is cautious about releasing preliminary data – especially births – as it is used as the foundation for many critical policy and programmatic decisions. Some of the risks involved in using preliminary data include:

- Data released prior to receiving reports from other states would increase the likelihood of potential under-representation of high risk pregnancies and births – many Vermonters seek high risk care in NH and NY; For example, 12% of Vermont residents give birth in New Hampshire (primarily at Dartmouth Hitchcock Medical Center).
- Preliminary reporting without a full year of data could be misleading as a small number of events which appear unusual may only reflect natural fluctuations which even out across a year;
- Preliminary data have not been run through all of the vigorous quality checks that are performed at the time of annual report creation. Additionally, missing data are still being followed-up with hospitals during the six to twelve months after end of the calendar year.

The Health Department can, at times, provide preliminary data prior to the completion of the annual reports based on urgent needs or special requests. Examples include:

- Aggregate data (such as counts) at the state level;
- Data based on Vermont occurrences only. This is much more complete at an earlier timeframe since doesn't include the out-of-state events;
- Preliminary counts or rates that are unlikely to change using previous year's population estimates (e.g., birth rate or death rate for state overall);
- Public health emergencies and time-sensitive investigations.

We are committed to providing high-quality data reporting – meaning accurate and complete information about Vermonters – in order to ensure confidence in our surveillance systems and provide the best available information to inform health planning and decision-making. We recognize the need for timely information and will continue to work with our partners to balance the competing interests of “good” data versus “real-time” data.